

PARENT'S DAY OUT 1 ENROLLMENT FORM
(For children turning 16 – 29 months by September 1st)

Prairie Early Childhood Center
7416 Roe Ave.
Prairie Early Childhood Center
(913) 236-7067

Date: _____

Child's Name: _____ **Birthdate:** _____

Last First Middle

Name child goes by if different from above _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Parent Name: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

I give permission to PECC to use the following email address(es) for electronic information distribution:

Sibling Names/Ages _____

Doctor's Name: _____ Phone Number: _____

My child has the following allergies _____

My child requires an Epi-Pen Yes No

My child has the following food sensitivities _____

Names/Phone Numbers of those persons allowed to pick-up your child from school:

Information that would be helpful to us about your child:

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Child's Name: _____

I would like to enroll my child: (Check your preference)

_____ **1 day per week**

_____ **2 days per week**

_____ **3 days per week**

I would like to enroll my child on the following day(s): (Please select your 1st, 2nd & 3rd choice)

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ Any available day(s)

Enrollment is based upon availability and is done on a first-come, first-served basis.

Tuition Rates

\$150.00/month

1 day per week

\$ 40.00*

Non-Refundable Registration fee

Must be included with this form to be considered for enrollment

\$ 80.00

Activity/Supplies Fee (1 per family)

A deposit of one month's tuition (applied to September, 2024) must be paid at time of enrollment confirmation to guarantee enrollment. This deposit is non-refundable after June 1, 2024.

For Office Use Only _____

_____ Registration Fee

_____ September, 2024 Tuition

_____ Activity/Supply Fee